



BlueCross BlueShield of Illinois

Rural Hospital Scoring Criteria for 2009 Annual BCBSIL Hospital Profile

The Blue Cross and Blue Shield of Illinois Hospital Profile summarizes performance for selected quality-related indicators. The profile includes indicators in the following categories:

1. Leapfrog
 - A. Steps to Avoid Harm
 - B. Managing Serious Errors
 - C. Transparency Indicator
2. Reporting on Near Misses
3. Efficiency
 - A. Utilization Efficiency
 - B. Administrative Efficiency
4. AHRQ Indicators
 - A. Patient Safety Indicators
 - B. Inpatient Quality Indicators
5. Hospital Quality Alliance Indicators
 - A. Acute Myocardial Infarction
 - B. Heart Failure
 - C. Pneumonia
 - D. Surgical Infection Prevention
6. Structural Indicators
 - A. Board Certification
 - B. Accreditation Status
7. Participation in State and National Quality Improvement Initiatives (Extra Credit)

	Maximum Points Possible
1. Leapfrog	
Data source: Leapfrog website (www.leapfroggroup.org), 02/13/2009.	
A. Steps to Avoid Harm [formerly National Quality Forum – Safe Practices (NQF – SP)]	
Public Reporting on Leapfrog website regarding Steps to Avoid Harm	2
<ul style="list-style-type: none"> ▪ Progress towards meeting the Leapfrog Steps to Avoid Harm standard <ul style="list-style-type: none"> ▪ Fully meets the Leapfrog Steps to Avoid Harm = 10 points ▪ Substantial progress in implementing the Leapfrog Steps to Avoid Harm = 7 points ▪ Some progress in implementing the Leapfrog Steps to Avoid Harm = 5 points ▪ Criteria for some progress not met, or data not available on Leapfrog website as of 02/13/09= 0 points 	10
B. Managing Serious Errors (formerly Adherence to Never Events Policy)	
Public Reporting on Leapfrog website regarding Managing Serious Errors	2
<ul style="list-style-type: none"> ▪ Progress towards meeting the Leapfrog Managing Serious Errors standard <ul style="list-style-type: none"> ▪ Fully meets the Leapfrog Managing Serious Errors = 5 points ▪ Substantial progress in implementing the Leapfrog Managing Serious Errors = 3 points ▪ Some progress in implementing the Leapfrog Managing Serious Errors = 2 points ▪ Criteria for some progress not met, or data not available on Leapfrog website as of 02/13/09 = 0 points 	5
C. Transparency Indicator	
Hospital participates in other reporting efforts as reported on Leapfrog website	2
▪ Leapfrog TOTAL	21

	Maximum Points Possible
2. Reporting on Near Misses	
Data source: BCBSIL survey sent to hospitals in December 2008. Hospitals that did not return the survey received 0 points for Reporting on Near Misses.	
Hospitals responding “Yes” to all three items below receive full credit:	
<ol style="list-style-type: none"> 1. Report data on all “near misses” 2. Perform root-cause analysis 3. Have non-retaliation/non-retribution policy related to reporting of “near misses” 	5
Reporting on Near Misses TOTAL	5

	Maximum Points Possible
3. Efficiency	
<p>A. Utilization Efficiency Data Source: 10/1/2007 - 9/30/2008 BCBSIL claims data</p> <p>For each hospital, the ratio of actual to predicted utilization was calculated. For scoring, hospitals were compared to other hospitals within their peer group.</p> <p>Predicted ALOS is based upon the Milliman USA Well Managed Model (Model C) and the hospital's own case mix. Adjustments to the Milliman USA model include setting ALOS at 2 days for vaginal delivery and 4 days for cesarean section. Transplants, rehabilitation admissions, behavioral health admissions, and two Milliman USA diagnostic groups for Newborns with Major Problems and Newborns with Extreme Problems were excluded.</p> <p>The ratio of actual to predicted utilization was used to rank the hospitals within their peer group. A ratio less than one indicates ALOS shorter than predicted by Milliman USA. Using the standard normal distribution (bell curve), the percentiles for the ratio were computed by each peer group. Points were assigned within each peer group as follows:</p> <p>Hospitals with ratio $\leq 25^{\text{th}}$ percentile = 15 points Hospitals with ratio $> 25^{\text{th}}$ and $\leq 50^{\text{th}}$ percentile = 10 points Hospitals with ratio $> 50^{\text{th}}$ and $\leq 75^{\text{th}}$ percentile = 5 points Hospitals with ratio $> 75^{\text{th}}$ percentile = 0 points</p>	15
<p>B. Administrative Efficiency Data Source: BCBSIL claims received from 1/1/2008 to 12/31/2008.</p> <p>For both the hospital and the health plan, electronic claims are more efficient to process than paper claims. Claims submitted electronically are received more promptly and finalized sooner after the date of service.</p>	5
<p>Electronic Claims Submission</p> <p>$\geq 92\%$ of claims are sent electronically = 5 points $\geq 87\%$ but $< 92\%$ of claims are sent electronically = 3 points $\geq 85\%$ but $< 87\%$ of claims are sent electronically = 1 point $< 85\%$ of claims are sent electronically = 0 points</p>	
Efficiency TOTAL	20

	Maximum Points Possible
<p>4. AHRQ Indicators</p> <p>Data source: The data source used is the Federal Fiscal Year 2007 Illinois All Payor data (10/1/06 – 9/30/07 hospital discharges) from the Illinois Department of Public Health (IDPH).</p>	
<p>WebMD Quality Services Select Quality Care (SQC) Professional data analysis tools are used to report the AHRQ indicators. Medicaid admissions and admissions involving a transfer from another acute care facility were excluded. Risk adjustment is performed using RDRGs and age adjustment. If a hospital did not have an adequate number of admissions that meet eligibility criteria for a given indicator, results for that indicator are not reported. Scores are based upon a comparison to other hospitals in the same peer group.</p>	
<p>A. Patient Safety Indicators</p> <ol style="list-style-type: none"> 1. Selected Infections Due to Medical Care (PSI 7) 2. Postoperative Pulmonary Embolism or Deep Vein Thrombosis (PSI 12) 3. Postoperative Respiratory Failure (PSI 11) 4. Postoperative Sepsis (PSI 13) 5. Obstetric Trauma – Vaginal Delivery Without Instrument (PSI 19) 6. Decubitus Ulcer (PSI 3) 7. Accidental Puncture or Laceration (PSI 15) <p>Results of “Obstetric Trauma – Cesarean Delivery” (PSI 20) and “Obstetric Trauma – Vaginal Delivery With Instrument” (PSI 18) are provided for informational purposes but are not scored in the Profile.</p>	35
<p>Hospitals are compared to other hospitals within their peer group. (Peer groups 1 and 2 were combined for this analysis.) Since AHRQ Indicator rates are for complications, lower rates are better, and the best scores are for hospitals with rates in the lowest 10 percentile. Using the standard normal distribution (bell curve), the percentiles for each of the indicator rates were computed by peer group.</p>	
<p>Hospitals with rates $\leq 10^{\text{th}}$ percentile = 5 points Hospitals with rates $> 10^{\text{th}}$ and $\leq 25^{\text{th}}$ percentile = 4 points Hospitals with rates $> 25^{\text{th}}$ and $\leq 40^{\text{th}}$ percentile = 3 points Hospitals with rates $> 40^{\text{th}}$ and $\leq 60^{\text{th}}$ percentile = 2 points Hospitals with rates $> 60^{\text{th}}$ and $\leq 75^{\text{th}}$ percentile = 1 point Hospitals with rates $> 75^{\text{th}}$ percentile = 0 points</p>	
<p>B. Inpatient Quality Indicators</p> <p>Mortality Rates for Conditions (acute myocardial infarction, congestive heart failure, acute stroke, gastrointestinal hemorrhage, hip fracture, pneumonia)</p> <p>For scoring purposes, the mortality rates were aggregated by combining all numerators and combining all denominators. Using the standard normal distribution (bell curve), the percentiles for the aggregated mortality rates were computed by peer group.</p>	10
<p>Hospitals with rate $\leq 10^{\text{th}}$ percentile = 10 points Hospitals with rate $> 10^{\text{th}}$ and $\leq 25^{\text{th}}$ percentile = 8 points Hospitals with rate $> 25^{\text{th}}$ and $\leq 40^{\text{th}}$ percentile = 6 points Hospitals with rate $> 40^{\text{th}}$ and $\leq 60^{\text{th}}$ percentile = 4 points Hospitals with rate $> 60^{\text{th}}$ and $\leq 75^{\text{th}}$ percentile = 2 points Hospitals with rate $> 75^{\text{th}}$ percentile = 0 points</p>	
AHRQ TOTAL	Up to 45

	Maximum Points Possible
5. Hospital Quality Alliance Indicators Data source: Hospital Compare (http://www.hospitalcompare.hhs.gov) as of 1/02/09. Data utilized is 4/1/07 – 3/31/08. For each indicator, hospitals at or above the state mean but less than the national 90 th percentile receive 1 point per measure. Hospitals at or above the national 90 th percentile receive 2 points per measure. Indicators for which a hospital did not have at least twenty five cases are scored as NA, not applicable.	
A. Acute Myocardial Infarction 1. Aspirin at arrival 2. Aspirin prescribed at discharge 3. ACE inhibitor for left ventricular systolic dysfunction 4. Beta blocker at arrival 5. Beta blocker prescribed at discharge 6. PCI within 90 minutes of arrival 7. Adult smoking cessation advice/counseling	Up to 14 NA if <25 cases
B. Heart Failure 1. Left ventricular function assessment 2. ACE inhibitor for left ventricular systolic dysfunction 3. Discharge instructions 4. Adult smoking cessation advice/counseling	Up to 8 NA if <25 cases
C. Pneumonia 1. Oxygenation assessment 2. Pneumococcal vaccination status 3. Blood culture performed before first antibiotic received in hospital 4. Adult smoking cessation advice/counseling 5. Initial antibiotic(s) within 6 hours after arrival 6. Most appropriate initial antibiotic(s) 7. Influenza vaccination status	Up to 14 NA if <25 cases
D. Surgical Infection Prevention 1. Preventative antibiotic(s) 1 hour before incision 2. Preventative antibiotic(s) stopped within 24 hours after surgery 3. Appropriate preventative antibiotic(s) received for surgery 4. Treatment received to prevent blood clots within 24 hours before or after selected surgeries 5. Treatments ordered to prevent blood clots (Venous Thromboembolism) for certain types of surgeries	Up to 10 NA if <25 cases
Hospital \geq national 90 th percentile = 2 points Hospital $>$ state mean and $<$ national 90 th percentile = 1 point	
Hospital Quality Alliance TOTAL	Up to 46

	Maximum Points Possible
6. Structural Indicators Data sources: The BCBSIL survey sent to hospitals in December, 2008 (for board certification) and The Joint Commission and HFAP websites (for accreditation). Hospitals that did not return the survey received 0 points for board certification.	
A. Board Certification <ul style="list-style-type: none"> ▪ % of physicians on medical staff who are board certified \geq85% = 3 points ▪ % of physicians on medical staff who are board certified \geq80% but $<$85% = 2 points 	3
B. Accreditation Status <ul style="list-style-type: none"> ▪ The Joint Commission or HFAP accreditation as of 2/13/09 = 5 points 	5
Structural Indicator TOTAL	Up to 8

Total Possible Points	Up to 145
For hospitals for which some indicators could not be reported, the total possible points will be less than 145. Therefore, also reported is the percentage of possible points that were earned (the hospital points earned divided by the maximum points possible for that hospital).	
Maximum Eligible Extra Credit points = 10	
7. Participation in State and National Quality Improvement Initiatives (Extra Credit) Data source: BCBSIL Hospital Survey sent to hospitals in December 2008.	
BCBSIL recognizes specified state and national quality improvement initiatives by giving “extra credit” for those hospitals that report participation via the BCBSIL Hospital Survey. Points for these initiatives are added to the points possible (numerator) only, and have the ability to raise the hospital’s overall score, without affecting the total possible points (denominator).	
A. American College of Cardiology National Cardiovascular Data Registry (ACC Database) ▪ Hospital participates = 2 points	2
B. American College of Cardiology D2B (Door-to-Balloon) Alliance ▪ Hospital participates = 2 points	2
C. Society of Thoracic Surgeons National Database (STS Database) ▪ Hospital participates = 2 points	2
D. Vermont Network NIC/Q Collaborative ▪ Hospital participates = 2 points	2
E. Illinois Hospital Association (IHA) 2008 Patient Safety Collaborative: “Targeting Hospital Acquired Conditions: Keeping Patients Safe” ▪ Hospital participates = 2 points	2
F. American Nurses Credentialing Center (ANCC) Magnet Recognition ▪ Hospital recognized = 2 points	2
G. National Surgical Infection Monitoring & Reduction Program ▪ Hospital has program = 2 points	2
H. Web-based Patient Communication System ▪ Hospital has web-based system = 1 point	1
I. AHRQ Hospital Survey on Patient Safety Culture ▪ Hospital participates = 3 points	3
J. Institute for Healthcare Improvement (IHI) 5 Million Lives Campaign ▪ Fully Committed and submitted data to IHI for IHI website posting as of 12/31/08 = 2 points	2
K. American Heart Association (AHA) Get with the Guidelines Program For each GWTG Program (Coronary Artery Disease, Heart Failure, Stroke) ▪ Hospital participates or Bronze Performance Award = 1 point OR ▪ Silver or Gold Performance Award = 2 points (Up to a maximum of 6 points)	Up to 6
L. Disease Specific Care Certification from The Joint Commission ▪ Each certification as posted on The Joint Commission website as of 12/31/08= 1 point (Maximum of 6 points)	Up to 6
M. Recipient of any of the following awards since January 2007 ▪ Lincoln Award = 2 points ▪ Baldrige Award = 2 points	Up to 4
N. Blue Distinction Centers ▪ Hospital received recognition as a Blue Distinction Center for Cardiac, Bariatric, Transplants, and/or Complex & Rare Cancers as of 3/1/09 = 2 points	2
O. Other State or National Quality Improvement Initiatives ▪ Each qualifying initiative = 1 point (Scored only if “Extra Credit” total < 10 points)	Up to 10
Extra Credit TOTAL	
Maximum Eligible Extra Credit Points = 10	